

**DESIGN REVIEW APPLICATION FORM
ALTON PLANNING BOARD
ALTON, NH**

DATE REC'D _____

CASE # _____

OWNER(S) OF RECORD: _____

MAILING ADDRESS: _____

PHONE: _____

LOCATION OF DEVELOPMENT: _____

TAX MAP _____ LOT _____ ZONING OF PARCEL _____

SITE IN ACRES _____ SQUARE FEET _____

NUMBER OF LOTS, INCLUDING REMAINDER: _____

FRONTAGE ON WHAT ROAD(S); INCLUDE NEW ROAD NAME IF APPLICABLE:

WATER: MUNICIPAL _____ OR WELL _____

AGENT OF THE OWNER OR CONTACT PERSON:
NAME _____

ADDRESS _____ PHONE _____

SPECIAL EXCEPTION OR VARIANCE GRANTED BY THE ZBA: YES _____ NO _____
IF YES, PROVIDE THE APPLICABLE DATE(S) _____

DATE OF CONCEPTUAL CONSULTATION, IF ONE: _____

FEES: \$5.00 PER ABUTTER/APPLICANTS/AGENTS/ETC. _____
\$60.00 NEWSPAPER NOTICE _____

I/WE CONSENT TO ALLOW THE ALTON PLANNING BOARD OR ITS REPRESENTATIVE TO MAKE
ON SITE INSPECTION(S) OF MY/OUR PROPERTY AS DEEMED NECESSARY FOR THE
EVALUATION OF MY/OUR DESIGN REVIEW APPLICATION.

SIGNATURES OF APPLICANTS:

DATE _____

DATE _____

SIGNATURE OF AGENT:

DATE _____